

CLAIMS ONLY							Application Number <b>10659636</b>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	I						51					
2		I					52					
3		I					53					
4		I					54					
5		I					55					
6		I					56					
7	I						57					
8		I					58					
9		I					59					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	I						Total Indep					
Total Depend	I						Total Depend					
Total Claims	13						Total Claims					